

Notice of Intent to Handle**Name and Location of Handler / Contact Information**

Name _____ Phone (____) _____

Physical Address _____

Street _____ City _____ State _____ Zip _____

Mailing Address _____ Phone (____) _____

EPA ID Number _____ (if applicable)

Identify Activities that are Conducted

(check all that apply)

Materials Handled

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Collection | <input type="checkbox"/> Businesses | <input type="checkbox"/> Cathode Ray Tube Materials |
| | <input type="checkbox"/> Households | <input type="checkbox"/> Universal Waste Electronic Devices |
| | <input type="checkbox"/> Other collectors | |
| | <input type="checkbox"/> Other <i>please specify</i> _____ | |
|
 | | |
| <input type="checkbox"/> Dismantle | <input type="checkbox"/> Manual or mechanical separation of parts | <input type="checkbox"/> Cathode Ray Tube Materials |
| | <input type="checkbox"/> CRT Vacuum Release | <input type="checkbox"/> Universal Waste Electronic Devices |
| | <input type="checkbox"/> Yoke Removal | |
| | <input type="checkbox"/> Other <i>please specify</i> _____ | |
|
 | | |
| <input type="checkbox"/> Process | <input type="checkbox"/> Size reduction, crushing, cutting, sawing, compacting, shredding | <input type="checkbox"/> Cathode Ray Tube Materials |
| | <input type="checkbox"/> Other (e.g. manufacture of glass) | <input type="checkbox"/> Universal Waste Electronic Devices |
| | <input type="checkbox"/> Other <i>please specify</i> _____ | |

If you check any boxes under the Dismantle and Process Activities you must also submit a "Notice of Intent to Treat or Recycle." The notification and reporting requirements are found in California Code of Regulations, title 22 sections 66273.13(d) and 66273.33(d) for small and large quantity Universal Waste Electronic Device(UWED) handlers. The notification and reporting requirements for Cathode Ray Tube (CRT) material handlers are in sections 66273.82 and 66273.83.

Destination Sites or Businesses (Use additional sheets if necessary)**Materials Shipped (check all that apply)**

- | | | |
|-------------------------|-----------------------|---------------------------------------|
| 1) Name _____ | Phone (____) _____ | <input type="checkbox"/> Bare CRTs |
| Address _____ | | <input type="checkbox"/> CRTs Devices |
| Street _____ City _____ | State _____ Zip _____ | <input type="checkbox"/> CRT glass |
| Mailing Address _____ | Phone (____) _____ | <input type="checkbox"/> UWEDs |
| EPA ID number _____ | | <input type="checkbox"/> Exporting |
|
 | | |
| 2) Name _____ | Phone (____) _____ | <input type="checkbox"/> Bare CRTs |
| Address _____ | | <input type="checkbox"/> CRTs Devices |
| Street _____ City _____ | State _____ Zip _____ | <input type="checkbox"/> CRT glass |
| Mailing Address _____ | Phone (____) _____ | <input type="checkbox"/> UWEDs |
| EPA ID number _____ | | <input type="checkbox"/> Exporting |

Certification / Contact

☐ I certify, under penalty or perjury, that the information is true correct and complete to the best of my knowledge.

Printed name _____ Title _____ Date _____

Mail to:

Department of Toxic Substances Control
Hazardous Waste Management Program
Regulatory Program Development Division
P.O. BOX 806
Sacramento, CA 95812-0806
Attention: UWED/ CRT Materials Handling Activities